CHEMIST & DRUGGIST

The newsweekly for pharmacy — a Benn publication

August 8 1981

LPC's £1,000 starts fund for rural litigation

Dr Maddock resigns from Drummonds

Computers in pharmacy: two new systems

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COMMENT

Pay up!

If some urban area pharmacists are by now sick and tired of reading about their rural colleagues' confrontations with dispensing doctors they should stop, think — and renew their interest. Although the problems may seem unique to rural pharmacy, the solutions that are being found, not least in the courts if the Tenterden decision is anything to go by, are profound and call into question the future and role of the whole pharmaceutical profession.

Before dispensing, a doctor has first to establish that the area is rural in character. That decision is left to the FPC's dispensing subcommittee and, as the result in the case of the Dorset village of Burton (p.208) shows, the composition of these committees does not necessarily mean a vote that will ensure a pharmaceutical service.

If to town-dwellers "rural in character" spells fields and cows, perhaps they should note just how close to fields and cows are the outskirts of many of our major towns and cities — not excluding London. Dormitory housing estates are commonly built just beyond a planners' "green belt" around a town, and the inhabitants are accustomed to using the town for almost all their shopping requirements. Yet, according to the current legislation, they appear to be legitimate targets for the dispensing doctor.

So, if a patient living on the outskirts of a town does not require the services of a pharmacy, even though reaching one is no great hardship, who is to argue that anyone else should need such a service? While the medical and pharmaceutical professions kept to their separate roles in relation to prescriptions there was no problem, but some doctors now see money in every script they write and are keen to follow their fellows in putting that money into their own pockets rather than the pharmacist's.

To some extent this is the pharmacist's own fault: far too many have counted their "professionalism" in terms of the number of scripts dispensed rather than service provided to the public. If the full measure of the pharmacist's counsel and advice had always been both implemented and made evident to the public, there would be such an outcry when its availability was threatened that no doctor would dare put a pharmacy in jeopardy — witness the outcome at Tetbury.

So we ask of the town pharmacist: Are *you,* personally, providing such an essential service that your position cannot be challenged? And are all those around you? Even *with* such a solid foundation, it would be wiser for the urban members of the profession to support their rural colleagues to the full now, to stop the rot before it takes a hold.

Nothing you can do? But there is. Part of the battle, regrettably, looks as though is must be fought in the courts — and that costs money. In Tenterden, Mr Dennis Pay has lost at least a round, if not the battle, and will face costs which are conservatively estimated at over £50,000. He should not be expected to carry that burden alone, whether or not he carries the litigation to appeal or on to other questions, all of which affect the whole profession.

For that reason we applaud the decision of the Norfolk LPC to make £1,000 available for a fund towards legal costs incurred in such cases. Other LPCs and pharmaceutical organisations must consider whether they can offer similar support — as must every individual pharmacist. The aim must be to ensure that the current legislation is tested to the full. If it is shown not currently to protect the provision of a full pharmaceutical service to every member of the community, then steps must be taken to change the law. ■

Norfolk LPC donates £1,000 towards rural legal fund

Norfolk Local Pharmaceutical Committee is making £1,000 available immediately towards a fund to help pay legal costs in actions designed to prevent increased dispensing by doctors.

This follows the High Court decision last week in favour of the Tenterden doctors — in which local pharmacist Mr Dennis Pay was faced with most of the costs of an eight-day hearing.

Mr S.W. Kitchen, chairman of the Norfolk Committee, says the committee greatly admires Mr Pay's courage in taking the action to court. It is dismayed at the result which again showed the totally unsatisfactory nature of the current legislation. "It would appear that doctors can be given an open cheque by the DHSS and be allowed to take over the role of another profession without legal redress." Mr Kitchen hoped that Norfolk's lead would encourage other LPCs and pharmaceutical bodies to contribute in a like manner.

Clothier undermined

The LPC secretary, PSNC member Mr David Coleman, said that the judgment seriously undermined the Clothier "standstill". There was no doubt that what the doctors at Tenterden had done was a flagrant breach of the standstill and was in defiance of their own profession. "The Secretary of State must at once bring in temporary regulations to give teeth to the standstill while the final regulations are being drafted."

Mr Dennis Pay, of Paydens, described the Norfolk gesture as "amazing encouragement". He said that there were still several important matters to be tested before the courts and while last week's judgment appeared to contain some useful points in pharmacy's favour, he would like to be able to take the whole question to appeal.

There could be no further moves until the question of costs was resolved, however, and the Norfolk contribution to a fund was the kind of support needed to continue the fight.

☐The Rural Pharmacists Association is also calling for the setting-up of a fund — see letters p212. ■

Another rural battle lost?

Pharmacy appears to have lost another battle with dispensing doctors.

Dorset FPC's dispensing committee has decided that the village of Burton, near Christchurch, is rural in character — which would permit a three-doctor practice which has established itself in the village to dispense.

The committee comprises three pharmacists (who voted against the rural proposition), three doctors (who voted for) and three laymen — one of whom voted with the doctors while another abstained; the lay chairman did not vote.

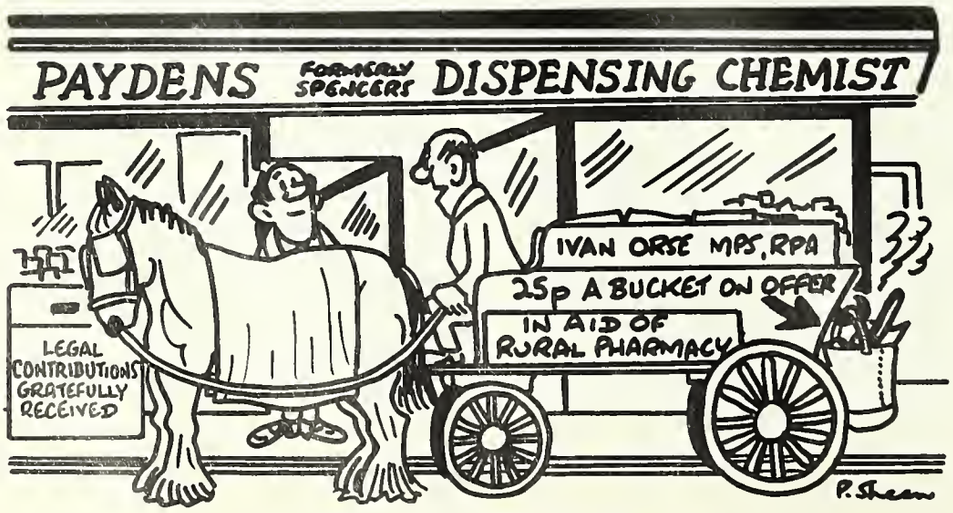
There is no pharmacy in the village, though there are six within one-and-a-half miles, and the decision will allow the doctors, if they wish and receive applications from patients, to dispense for all those who are more than a mile from the existing pharmacies. It is understood that the FPC has so far received no patient applications.

Until the doctors set up in the village patients appeared to have little trouble in obtaining prescriptions. The local pharmacies ran a collection and delivery service through the Burton post office, but it was little used — apparently because it was not really necessary. The doctors' main surgery is in Bransgore, where there is a pharmacy. The only physical barrier between Burton village and Christchurch is a dual carriageway, *C&D* has been told.

A retired pharmacist is believed to be considering opening a pharmacy in Burton, but at present is unable to do so because there are no shops available. However, the village is growing and it is anticipated that premises will be built eventually.

Another problem for Dorset pharmacists may be arising in Shaftsbury where there are already two pharmacies. A medical practice gave up dispensing some five or six years ago, but now wishes to start again — the national joint "standstill' committee is to send representatives to investigate next week. Dorset FPC is taking no action on the doctors' application pending their decision.

It is understood the doctors would be able to dispense for some 6,000 patients if their request goes through. ■



"I thought every little would help . . ."

Scriptwriter price to rise next month

Unichem say they have been forced to increase the price of the Scriptwriter label printer because of the reduction in the exchange rate against the US dollar.

Each model ordered after September 1 will cost members an extra £40, bringing the price to £1,310 plus VAT, and non-members will pay £1,540 plus VAT — an extra £45. Despite these increases, the society says the main brunt of the rise on US components will be absorbed by them.

Scriptwriters ordered before September 1, but for delivery after that date, will be at the old price. ■

LPC in favour of paying PSNC levy?

The latest ballot of City and East London contractors seems to be going in favour of paying the PSNC levy. But this should not be interpreted as a vote of confidence in the PSNC, says the LPC chairman Mr D.C. Evans.

He was unable to give a breakdown of the voting figures but by Tuesday only about 30 of the 160 contractors in the area had replied to a ballot letter dated July 22. He believed several contractors were abstaining and others were on holiday. The final date for reply is August 12.

The letter told contractors that, after meeting PSNC representatives, the LPC had decided that the point of the protest had been achieved to the extent that PSNC was much more aware of the need to improve communication with contractors. The majority of the LPC therefore believed that continuing to withhold the levy would no longer be helpful.

In an April ballot, 28 contractors were for and 53 against paying the levy. ■

VAT work resumed with huge backlog

Although computer staff at the Customs and Excise VAT office in Southend went back to work on Wednesday, it will probably be several months before the service is back to normal.

A spokeswoman for the Council of Civil Service Unions said that it was impossible to say exactly how long it would take. The computer had been out of action for five months so that would be the size of the backlog and the rate at which it was cleared would depend on overtime working.

The current advance NHS payments are likely to continue until the VAT service is back to normal and contractors should apply to their FPCS, as before, with details of their repayment claims. ■

Proposed GSL additions

The Department of Health has issued a list of proposed amendments to the Medicines (General Sale List) Order 1980 and the Medicines (Sale or Supply) (Miscellaneous Provisions) Regulations 1980.

In the case of the former Order the proposals add to Schedule 1, a number of proprietary and other medicines for general sale which are the subject of full licences. The Department is also seeking information concerning products now on the market which hold a GSL product licence but which have not been included among the proposed additions because the licence holder has failed to notify the effective marketing date. The Department also wishes to hear about products which are no longer marketed for general sale.

As already proposed in MLX 126, the Order is to be amended to secure that *no* medicinal products marketed for use as eye drops or eye ointments are included in the General Sale List.

The proposals seek to add to the sale or supply regulations a provision that will limit the number of capsules of aloxiprin, aspirin, paracetamol or salicylamide to 25 per pack when for general sale.

It is intended that the amending instruments should come into operation before the end of 1981. Comments on human medicines should be addressed to Ms K. Attwood, room 1327, Medicines Division, Department of Health, Market Towers, 1 Nine Elms Lane, London SW8 5NQ or on veterinary medicines to Mr A. Cuthbert, room 1019, Animal Health Division, Ministry of Agriculture, Tolworth Tower, Surbiton, Surrey KT6 7DX. Comments are required before August 20. ■

Mr and Mrs Moody from Clacton-on-Sea receive garden furniture worth £250 from Mr Colin Williams, Wilkinson Sword national account manager. The furniture was first prize in the Wilkinson Sword / Unichem lucky draw competition

Red triangle for Norwegian drugs

Norwegian pharmacists now have to label certain drugs with a red triangle as a warning against the dangers of driving when taking the drugs.

The warning applies to drugs acting on the CNS including anti-depressants, anti-histamines, hypnotics and stimulants, analgesics, anti-epileptics and some anti-hypertensives. Driving under the influence of these drugs is a violation of Norway's highway code and the warning is also directed at those operating machinery.

Until January 1983 it will be the pharmacist's responsibility to label the drugs but after then it will apply to the manufacturers. The other Nordic countries plan to follow the "red triangle" warning from 1983 and a WHO-sponsored group of experts has recommended that all other countries adopt a similar system. ■

Battery buyers move up-market

Despite little growth in volume terms in the UK market for dry cell batteries over recent years, the value of sales has increased considerably according to the latest *Retail Business.*

Inflation has, of course, increased spending, but real value has also been added with an increasing preference for more expensive types of battery than the common zinc carbon model. The percentage increase in sales volume actually fell quite heavily last year — up 9.6 per cent against 17.3 per cent in 1979 — in a market now worth £126m.

Ever Ready dominate the zinc carbon market, with an estimated 72 per cent share, plus an 18 per cent share of alkaline manganese products. The rest of the field is largely divided between Vidor, Boots, Chloride, Varta, and Mallory — the latter holding 78 per cent of alkaline manganese sales.

Advertising expenditure by the major manufacturers showed a large increase in 1980, Mallory leading the way with a spend of over £1m — forcing other manufacturers to increase their activity. Between £200,000 and £300,000 was spent by each of their major competitors.

It is expected that alkaline manganese batteries will continue to replace the zinc carbon type, but at a slower pace than in recent years, and the biggest new development will be the increased consumer usage of rechargeable nickel cadmium batteries. (*Retail Business, Economist Intelligence Unit Ltd, Spencer House, 27 St James's Place, London SW1A 1NT.*) ■

'Which?' advises on alternative therapy

Nine out of 10 people taking part in a *Which?* survey said they would use again the form of alternative medicine they had tried most recently. Not all claimed to have been cured but only 10 per cent thought the treatment had been useless.

About one in eight of over 1,000 *Which?* members who responded to a postal survey had sought alternative medicinal treatment during the previous five years. Two-thirds of the 108 who filled in detailed questionnaires said they did not like their conventional treatment or that it had not helped their condition.

The August issue of *Which?*, published by the Consumers' Association, looks at the drawbacks to conventional medicine that alternative therapies claim to avoid. Herbalism, homoeopathy, osteopathy, chiropractic, acupuncture, naturopathy and healing are the treatments considered. The report concludes that while it would be "ridiculous" to suggest that orthodox medicine has "got it all wrong", the alternatives may be worth considering in certain cases. But patients are advised to have their illnesses diagnosed first by a doctor, and to ask him to recommend a practitioner or to choose a qualified therapist from the relevant association's list. ■

Ban antihistamine creams OTC?

Antihistamine creams should be available only on prescription, it was suggested on the BBC1 programme "Medical Express" this week. "Two leading skin specialists" were stated to believe that the risks outweigh the benefits because in a few people the creams cause allergic contact dermatitis — a particularly evocative example of which was shown on the screen.

Suggested alternatives were calamine lotion — and crushed soluble aspirin tablets, moistened and applied to an insect bite where the aspirin's local anti-inflammatory action would be effective. ■

Aspartame cleared for US market

The Food and Drug Administration has given approval for G.D. Searle & Co to market the sweetener aspartame in the United States.

Aspartame is a low-calorie sweetener about 180 times sweeter than sugar and Searle say consumer tests have shown that the taste is virtually indistinguishable from sugar. It is composed of two amino acids, L-aspartic acid and the methyl ester of L-phenylalanine. It will be marketed as a table-top sweetener under the brand name Equal and as a food additive under the name Nutrasweet. Because of the phenylalanine content the product will be labelled with a warning to sufferers of phenylketonuria.

The FDA originally approved aspartame in 1974 but objections that it might cause brain damage led to the approval being withdrawn. After an outside public board of inquiry and a further review by the FDA's bureau of foods, the Administration concluded that aspartame was safe at the expected consumption levels and at the highest conceivable levels. They will, however, require the manufacturer to monitor consumption levels as a condition of approval.

Approval for marketing has now been given by eight countries — the others are France, Belgium, Luxembourg, Switzerland, Mexico, Brazil and the Philippines. In Britain, the Food Additives and Contaminants Committee of the Ministry of Agriculture, Fisheries and Food is still reviewing the product. American approval will obviously encourage Searle's hopes for aspartame use in Britain although changes in legislation would be required before it could be marketed. ■

One of last year's regional finalists in C&D's Chemist Assistant of the Year Competition, sponsored with NPA Products, Mrs Irene Jackson was one of ten lucky winners in the joint Numark / Johnson's baby products competition. She is pictured here being presented with a set of Tefal pans by J&J's representative for Suffolk, Mr A. Manning in Mr J.M. Brunt's pharmacy in Brandon, Suffolk

NHS considers sale of blood products

The Department of Health and NHS are to discuss the possibility of selling surplus by-products from human blood to several pharmaceutical companies.

In reply to a written Parliamentary question from Mr Robert McCrindle last week, Dr Vaughan said that blood donated to the Transfusion Service could either be used as whole blood or manufactured into therapeutic and diagnostic products and that the NHS only had a limited use for certain by-products of the manufacturing processes. Several pharmaceutical companies had requested such surplus materials and he had agreed that the Department should discuss with the NHS and the companies concerned the possible sale of these materials for the manufacture of health care products. The income from such sales would directly benefit the NHS, Dr Vaughan said. ■

PSNI's guests

The Council of the Pharmaceutical Society of Ireland recently gave a dinner in honour of Mr Desmond Lewis, secretary and registrar of the British Society, on the occasion of the award of an honorary degree of Queen's University, Belfast (see *C&D* July 18). Other guests included Mr Tony Quirke (president) and Mr Joe Cahill (secretary) of the Pharmaceutical Society of Ireland. Mr Lewis was presented with an etching on copper of the University main building, and his wife Susan with a piece of china.

The occasion was also to mark the award of the OBE to Professor P.F. D'Arcy, who was presented with a blackthorn walking stick while his wife Elizabeth also received a piece of china. ■

At the PSNI dinner (left to right) Mrs Susan Lewis, Tony Quirke, Margaret Watson (president, PSNI), Mr Lewis and Mrs Elizabeth and Professor D'Arcy.

PEOPLE

Dr Maddock leaves R. Gordon Drummond

Dr D.H. Maddock, FPS, has resigned as superintendent pharmacist and director of R. Gordon Drummond Ltd "in order to return to the independent retail pharmacy sector."

Dr Maddock was among the first independents outside Scotland to join the group (he took in his chain of five shops) as Guinness built up their stake in retail pharmacy in the early 1970s. He is not yet able to reveal his plans for the future. ■

Golf winners

The South London and Surrey Pharmacists Golfing Society, captained by Bill Hart, won a recent competition with the London Chemist Golfing Society at the Wentworth Golf Club.

Individual winner of the day's best medal score for the Paines and Byrne prize was Keith Piddington (SL and SPGS), and the runner-up Bruce Ormon (LCGS). The Macarthy prize for the best Stableford score was won by Peter Hedges (SL and SPGS) runner-up Bill Hart and a Greensome pairs competition, for the Searle Pharmaceuticals prizes, was won by G. Catto and T. Neal (LCGS), runners-up J. Stitt and E. Jobling (SL and SPGS). ■

News in brief

■An international directory of pharmacology and pharmacologists has been published by Oxford University Press, Walton Street, Oxford OX2 6DP (price £40). With more than 400 pages, it lists the names, workplaces, qualifications and activities of pharmacologists worldwide, plus pharmacological societies and a cross-index of research interests.

Our photographer-subscriber understands that the "segn-writer" has now corrected his mistake!

TOPICAL REFLECTIONS

By Xrayser

Seeking value

I can't help reading Graham Walker's article's on his cosmetic sales, for they always provide a viewpoint different from mine. I started out some years ago with an elegant refit and eight agencies which steadily held down thousands of my pounds so that I could not use them, and when new shades came out I found myself in a resentful position since they never seemed to increase either stockturn or profitability. If the truth were known I guess it would be that at the time I didn't have enough capital, nor the nerve to take on one of those painted ladies who really know how to sell cosmetics properly.

Anyway I decided to opt out and presently rejoice in holding only three complete ranges, four if you count Vichy. Not that I'll be counting Vichy much longer, I'm afraid. The prices have shot up so much — 50 per cent on some items — that people seem deterred and are switching back to lower-priced items. Far from going up-market my customers show every sign of buying smaller sizes when they are available and are actively looking to get what they want within a fixed budget.

Value for money seems to be the direction in my part of the world — and so long as I point that way too, my turnover builds quite steadily.

Thick?

There can be no doubt about it, I must be thick. As you may have noticed, I have been taken to task for criticising a letter written by Mr Spivack some time ago which suggested that there were a lot of uneconomic pharmacies doing fewer than 500 scripts a month, with turnovers to match, which should be wiped out because they were being subsidised by the bigger dispensing contractors.

I questioned the assertion of "a large number" of such small pharmacies and ultimately the morality of so commercial a view. That's all. I regret that having read . . . and reread Mr Dudley's letter I am left greatly confused, to say the least, and think it would be as well to put down in general terms my position regarding the contract.

First I consider the Basic Practice Allowance one of the best things the PSNC has managed to get for us, because it gives official recognition of the *fact* that an increasing amount of our work within the NHS scheme is in giving advice, not necessarily dependent upon the level of dispensing. Indeed, it may be said that the pharmacist who has time to spare is more frequently sought.

Since I understand that this money comes out of the global sum, it will naturally distort the net profit per script of the man doing 1,000 items or less, but apart from this the principle of a sliding discount, be it based on monetary values (as I think it should be) or on script numbers, can be justified by a Government seeking to pay no more than the true cost of drugs supplied by a contractor, plus a profit factor. In the past the economies made by multiples were not calculable by governments, neither were they available to small independents whose single shops were therefore always at a disadvantage — until wholesaler discount schemes offered redress at a time when many of us were seriously threatened by credit squeezes and an obdurate DHSS.

I am unhappy at the present agreed scale of discounts for reasons I made clear last week, but this can and must be amended by negotiation. But to imply that we should abandon the BPA and opt for a flat rate profit is to negate our professional position in favour of becoming piecework commercial dispensers. But not being too bright, I've probably missed the point somewhere again . . .

New concept?

I sell aspirin in my business. Low priced ones, at 32p a hundred retail and a very fine tablet (which I use myself) for 90p a hundred. Both sell, with regular users generally paying more for the advantages of the more elegant product, which as Bayer will attest, has been the case something like a century. Yet we have just been told that Optrex, our friends who graciously allow us to make almost 20 per cent profit on their eyewash, are making the first major innovation in the OTC analgesic market for ten years, with the introduction of guess what . . . Aspirin . . . In a capsule and called Pharmacin (so as to get as near as possible to an implied pharmaceutical blessing?)

They are going to launch this super *new* drug concept in packs of eight tablets at 4½p each tablet (sorry, capsule), 24 capsules at 3p each, and 50 for about 2p each. But not in my pharmacy. ■

LETTERS

Rural pharmacy in jeopardy?

Rural pharmacists everywhere will now know that their livelihoods are indeed in jeopardy when they learn that the Tenterden case has been lost by Paydens Ltd, Tenderden, Kent (*C&D* last week). We must study the implications and look at the regulations that can make such an outcome possible, to see what can be done to change this state of affairs.

The Rural Pharmacists Association is anxious to ensure that this situation is not allowed to happen again, and all rural pharmacists should endeavour to improve their services to the rural patient in order to make it impossible for FPCs to decide against the pharmacy, should ever a case arise where a choice has to be made. It must be necessary for all rural pharmacies providing a proper pharmaceutical service to ensure that both patient and FPC are aware of what is available. We must prepare ourselves with all the up-to-date communications systems in order that we can respond to the patients' needs eg Ansaphone and bleeper call systems. We will have to provide our own publicity, and supply information on what we are willing to do for the community.

I hope rural pharmacists will be helped by the knowledge that the RPA has organised itself to help fight this iniquitous situation, and we ask them all to look to their defences, and help us to change the set-up.

Worthless agreement

Where does "Clothier" stand now? A gentleman's agreement with no power of the law behind it, and apparently the BMA standing back, exerting none of its ethical muscle. What indeed is a gentleman's agreement worth? Or is a doctor's agreement something different altogether? What has Clothier done for pharmacy? Placed the rural pharmacist in a position of no legal strength, dependent on an agreement to a standstill, which appears to be the biggest "con" ever perpetrated between two "brotherly" professions.

It is time that the DHSS redressed the balance, and it's time the Pharmaceutical Society looked to its powers to see what efforts it can exert in reducing the attractiveness of doctor dispensing. Almost before qualifying young doctors are being made aware of the attractive perks for them in rural dispensing, regardless of the effect such avarice can have on the pharmaceutical service to the rural patient and the havoc it can have on the livelihood of the rural pharmacist.

In all this the rural patient will be the ultimate loser. The public's total ignorance of what is taking place is the greatest benefit to the dispensing doctor and it is time that the public and our local Members of Parliament were made aware of what is taking place. This is something that the RPA will be actively engaged in doing. Give us your support, and your encouragement — we will do our best to see that rural pharmacy will reach the ear of all, and ensure that one-sided battles like Tenterden may never need to be taken to court again.

The RPA would finally like to express its admiration and thanks for the way Mr Dennis Pay has fought a courageous battle for all rural pharmacists. It is time that some sort of fighting fund be found with which we can help in situations like Tenterden. The RPA would quite willingly take up this idea, and would suggest that all branches of the profession and industry could respond to this very necessary need.

The ball is in the pharmacist's court — we never seem to win in any other court.

John Davies
Secretary RPA
Wiveliscombe

No, Dr Williams

Mr Davies has also responded to criticism by Dr McA Williams of an earlier letter

Dr Williams is to be congratulated on his letter in the *C&D* (July 25). He has epitomized the whole of the problem by his reaction to my letter.

First of all he mistakenly believes that because reports of broken agreements are so few then Clothier arrangements are honoured. The difficulty with the Clothier agreement is that in many instances the pharmacist has to act as his own policeman, to get at facts, procure witnesses and create a great deal of pressure to get anything started. Many FPCs will do nothing without strong evidence and witnesses coming forward.

Dr Williams then naively states that my having reported that "pharmacists all over the country are losing out because dispensing doctors feel it is their chosen right to deprive another profession of its proper livelihood", must apart from being inflammatory, be exaggerated and not borne out by facts. Well if he wants facts — from 1975 to 1980 doctor dispensing has jumped by 21 per cent — this during a period of so called standstill. Presumably he wants me to ignore the letters I have received in order not to be inflammatory. How factual can you be when you receive letters stating what I said. Do I ignore these letters just to be non-inflammatory. I have received letters from Cornwall, Devon, Somerset, Dorset, Kent, Norfolk, Lincolnshire, Cambridgeshire, Wiltshire, Sussex, Cheshire, Essex, Derbyshire, Cumbria, Shropshire, Staffordshire, Northamptonshire, Northumberland, Gloucestershire, Buckinghamshire, Durham, Gwent, Gwynedd, Dyfed and Herefordshire.

Service priority

The intention of the RPA is to direct its energies to providing a pharmaceutical service which will be based on service to the patient, proper professional and economical accountability, respect for professional boundaries, proper rewards for rural doctors and rural pharmacists. The fact that rural doctors are dispensing twice as many prescriptions in 1980 as they did in 1970 is an indication of the effect doctor dispensing is having on the rightful professional area of the pharmacist. Depriving pharmacists of their influence in such a large amount of work is bound to be reflected in the pharmacist's livelihood. It makes nonsense of the idea that doctors should be encouraged to practise in partnership in order to give an overall service and help in getting adequate leisure time — when pharmacists are unable to have the leisure or service he desires to give because much of the necessary potential is taken away and his ability to employ another pharmacist is destroyed. I notice that Dr Williams avoids the facts when they are indisputable and skips over the costs of dispensing doctors.

Drug testing is not a sore point per se — I think that all people who handle public expense should be accountable. Watchdogs are necessary to ensure safety and economic reliability. What irks is that for some divine reason doctors appear to be above suspicion and they more than anyone because of their position need to be tested, both for accuracy and accountability. This the RPA has no hestitation in proclaiming and any professional person should find no fault with such a requirement.

Dr Williams belittles my letter by using such terms as "bickering" and "sour grapes". I shall not enter into any exchanges of this sort and just point out that when one profession makes a strong penetration into another's area, professional indignation is the least one can expect. When that profession has the strength of the BMA with its long tradition of great service in its own professional field — it seems a sad reflection that a term like "sour grapes" be used when simply trying to equate the same treatment to both professions for doing similar activities.

John Davies

More Letters on p235

Atkinson's go Italian with prestige collection

This week sees the launch of a new perfume from the Unilever owned fragrance house, T&E Atkinson. Called Helietta — after the Italian Princess, Helietta Caracciolo who created both the product and packaging — it is a combination of jasmine, narcissus, jonquille and iris Florentin, mingled with notes of rose Bulgare, acacia, tangerine, osmanthus, amber and musk.

The packaging has a spinning top design, described as "swirled and sculptured and detailed with gold and mother of pearl", and the collection is available in extrait ½oz (£35); parfum de toilette 50ml (£15.50), 100ml (£22.50), 10ml atomiser (£15.50); eau de toilette 50ml (£13.50), 100ml (£18.00), 90ml atomiser (£17.50).

Two "jewel" pieces have also been created — Le Collier Iris (£65.00) and Le Pendentif (£39.00). The first is a 9ml bottle of parfum de toilette suspended from a 24 carat gold plate chain, decorated with golden petals and beads of mother of pearl. The golden iris Florentin, which is veneered in mother of pearl, can be worn as a brooch or as a pendant on the chain.

The same bottle is used for the pendant, this time banded in golden swirls, and supported on a solid chain of 24 carat gold plate.

Until last month, Atkinson's had kept a purposely low profile in the UK, operating from only 40 outlets. Now, in what they say is a bid to become a major force in the fragrance market, they have signed an agreement with Thomas Christy for distribution and the establishment of a sales network (*C&D*, July 18, p90). "Top departmental stores and prestige pharmacies" will now form the base of 500 accounts nationwide. *T&E Atkinson Ltd. Distributor: Thomas Christy Ltd, North Lane, Aldershot, Hants.* ■

Dorothy Gray deodorant

A hypo-allergenic deodorant is the latest product from Dorothy Gray. The spin roll-on neutraliser deodorant and anti-perspirant (£1.90) is described as an effective preparation that is gentle on sensitive skin. *Interbeauty Ltd, 202 Terminus Road, Eastbourne, Sussex.* ■

Carefree campaign

Carefree panty shields are being advertised until November in 18 women's magazines with a total spend of £240,000. Johnson's say the product has always been the leading brand in the secondary protection market and took a 33 per cent share in March/April this year. The campaign will concentrate on the three major uses — as a back-up to tampons, for "light" days and for intermenstrual use. *Johnson & Johnson Ltd, 260 Bath Road, Slough, Berks SL1 4EA.* ■

Nova have moved into the self service field with a unit displaying their 110 range of cameras. Each model has a back-up card — "strategically sized for security" — which includes specification details. Nova Cameras Ltd, Loomer Road Industrial Estate, Chesterton, Newcastle, Staffs

Vitamin C capsule

Vitalife have added to their list with a 500mg vitamin C capsule, Vital C. Packed in 60's it retails at £2.07 and is available in 6's or 12's at £1.20 trade from *Vitalife Ltd, 10 Fernside Court, Holders Hill Road, London NW4 1JT.* ■

PRESCRIPTION SPECIALITIES

Caplenal tablets

Manufacturer Berk Pharmaceuticals Ltd, St Leonards House, St Leonards Road, Eastbourne, Sussex BN21 3YG.
Description White biconvex tablets engraved 1 K1 on one side with a break-line on the reverse and containing allopurinol 100mg.
Indications, dosage, contraindications As for allopurinol.
Packs 100's and 500's (£11.45 and £55.49 trade).
Supply restrictions Prescription only.
Issued July 1981. ■

Identification for Evans methyldopa

Evans methyldopa tablets will now be engraved with the company name on one side and the strength and code number on the reverse. This is part of the company policy to identify their newer generics and the code number appears alongside their price list entry for quick indentification. *Evans Medical Ltd, 891 Greenford Road, Greenford, Middx UB6 0HE.* ■

Proctofoam HC out of stock . . .

Stafford-Miller are currently out of stock of Proctofoam HC and say that recent high demand combined with some temporary production problems has resulted in an unprecedented shortage.

They apologise for the inconvenience caused and hope to solve the problem shortly. Should any doctor experience difficulty in obtaining this treatment, they will assist as a matter of urgency. *Stafford-Miller Ltd, Stafford-Miller House, The Common, Hatfield, Herts AL10 0NZ.* ■

. . . also Honvan amps

WB Pharmaceuticals are temporarily out of stock of Honvan ampoules. Further supplies are expected in September, but meanwhile it is hoped that residual stocks at wholesalers will be sufficient to meet urgent orders. *WB Pharmaceuticals Ltd, PO Box 23, Bracknell, Berks RG12 4YS.* ■

Cordilox 120mg

The 120mg strength of Cordilox is being renamed Cordilox 120. *Abbott Laboratories Ltd, Queenborough, Kent.* ■

Free Maxi-lash with J&J buds

A Maxi-lash mascara is being offered to consumers as a free mail-in offer on all sizes of Johnson's cotton buds. Five tokens must be sent in for each mascara. The 20's packs carry one token, the 60's packs two tokens, the 100 packs have three, and the 120 and 200's have four. *Johnson & Johnson Ltd, 260 Bath Road, Slough, Berks SL1 4EA.* ■

Beecham rat poison

Beecham Animal Health have brought out a new rodent poison — Whitmoyer Fatal — described as irresistibly palatable — to rats and mice, that is. Fatal contains the anti-coagulant, chlorophacinone, which kills at a lower concentration than warfarin. It is supplied in ready-to-use 3kg bags (£5.81) and a two compartment bait container is available. *Beecham Animal Health, Beecham House, Brentford, Middx TW8 9BD.* ■

Vestric offers

Vestric national promotions for August include Bic razors, Tampax super, Sunsilk hairspray, Johnson's baby powder, Kleenex for men, and Steradent. Members of Vantage will receive further reductions on these products and on others. *Vestric Ltd, West Lane, Runcorn, Cheshire.* ■

Upjohn terms

Upjohn have introduced new terms for their wholesale customers, effective from August 3.

Invoiced prices will be trade less 10 per cent and invoices must be paid by the last working day of the following month. Invoices paid within these terms will attract a 2.75 per cent cash settlement discount on the value of the goods after trade discount. *Upjohn Ltd, Fleming Way, Crawley, West Sussex RH10 2NJ.* ■

Alcon margin

Alcon Laboratories (UK) Ltd, have reduced their wholesaler margin from 15 per cent to 12½ per cent with effect from August 1. *Alcon Laboratories (UK) Ltd, PO Box 187, Imperial Way, Watford, Herts WD2 4YR.* ■

Gallia say their babyfoods, packed in 130g resealable glass jars, are "good for babies" because of their natural method of production (C&D, last week p. 176). Fruits and vegetables are grown in a pollution-free environment on special farms, without the use of agricultural chemicals, with similar stringent requirements being placed on fish and meat suppliers. Vitamins lost during the processing are also replaced, and all foods are free from preservatives, colourings and artificial flavourings. Victoria Baby Foods. Distributors: Sangers Agencies Ltd, Ramsbury House, High Street, Hungerford, Berks.

Hawaiian holiday from Unicliffe

Hawaiian Tropic have a window display competition exclusive to independent chemists. First prize is a two week holiday for two in Hawaii, staying at Holiday Inn, Waikiki Beach and flying first class with Western Airlines. The second prize is a weekend at a UK Holiday Inn.

The competition is open until October 31. Entry forms are available from Unicliffe representatives and should be sent, together with a photograph of the window display to *Hawaiian Tropic (UK) Ltd, 5 Trident Way, International Trading Estate, Brent Road, Southall, Middx UB25 5LF.* ■

Lemsip boost and competitions

A Lemsip campaign is planned with a national £600,000 television boost during the peak colds period. The commercial will feature the "Elder Lemon" cartoon character.

Trade promotions for the product will include competitions for pharmacists and assistants. The main promotion is a £2,500 key money draw for chemists, who will be given numbered tickets. Every week for ten weeks, starting October 18, the numbers will be entered in the draw. There will be one first prize of £100 and ten second prizes of £15 each week — winning numbers will be published in *C&D.* Reckitt representatives will have details of the competition.

For pharmacy staff there is a "learn about Lemsip" competition designed to improve product knowledge. There are ten first prizes (valued at £90) of engraved calendar pendants and chains in 9 ct gold, with the birth date of the winners picked out with an inset diamond. There are 100 silver calendar pendants with a sapphire inset date for the runners-up. The competiton closes on October 16. *Reckitt & Colman Products Ltd, Pharmaceutical Division, Dansom Lane, Hull HU8 7DS.* ■

ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	Cl	Channel Is

Bic roller pen:	Ln, M, Lc
Clinomyn:	Sc
Colgate Dental Cream:	All areas
Cream Silk:	All areas
Crunch 'n' Slim:	Ln, So, WW, We
Curity Snugglers:	All areas
Ex-lax:	So
Farley's rusks:	Ln, Y, NE, M, Lc
Gibbs SR:	B, Ln, Lc, So, A, U
Harmony hairspray:	All areas
Hedex:	All except Ln, Lc, So, U, B, E
Impulse bodysprays:	All areas
Paddi Cosifits:	All areas
Parozone:	All areas
Pears shampoo:	All areas
Scholl Air Pillo:	Sc, Y, NE, A, U, B
Signal:	Ln

SEROPHENE

Clomiphene tablets B.P.

The introduction of Serono's preparation of clomiphene, SEROPHENE, extends the interests of Serono further into the field of infertility and its treatment.

SEROPHENE is supplied in blister packs of 30 × 50mg clomiphene tablets at a basic NHS cost of £13.00.

SEROPHENE is available now from selected wholesalers.

Serono

Full information available on request from.

Serono Laboratories (UK) Ltd.
2 Tewin Court
Welwyn Garden City
Herts AL7 1AU
Tel Welwyn Garden (07073) 31972

P36

There's a good profit for you with. . .

NICOBREVIN®

ANTI SMOKING CAPSULES

– the well-tried anti-smoking aid that comes in a complete 28 day course and does not affect the sense of taste.

- **INCREASING DEMAND**

More and more people want to stop smoking, not only for health reasons, but because they know they can put their money to better use.

- **CONSISTENT ADVERTISING CAMPAIGN**

NICOBREVIN is the most consistently advertised anti-smoking aid on the market.

- **NEW DISPLAY MATERIAL**

New Window Wobbler and Open/Closed Sign available. Improved pack & instruction leaflet.

SO DON'T MISS OUT – make sure you have adequate stocks

RETAILERS: Contact your wholesaler NOW.

WHOLESALERS: Write or 'phone for details and terms to:

MILLER 13 GOLDEN SQUARE LONDON W1R 3AG
Telephone: 01-734 5687

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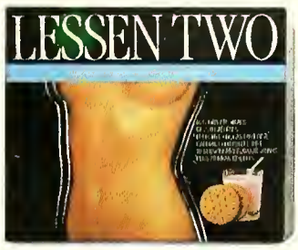

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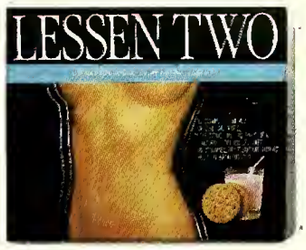


CH IS ABOUT THE ONLY THING WE'RE NOT

EARCH WE ARE NOW THE BRAND LEADER.)

LESSEN ONE AND LESSEN TWO ARE TRADE MARKS.

Press campaign for diabetic foods

Later this year, Bayer will be backing their Sionon range with a £100,000 womens Press campaign thus giving the diabetic food market "unprecedented" support in the general consumer media.

The support will be in addition to the regular advertising in *Balance* and follows a national survey, commissioned by Bayer, which showed there was a "considerable potential market for diabetic food, drink and confectionery among people who are not diabetic themselves". In particular, the research showed that 13 per cent of the adult population (about 5 million people) know a diabetic and would consider buying specialist diabetic food, and 75 per cent of these are already purchasers of diabetic foods. Forty per cent of the 5 million were interested in finding out more about diabetic foods, and expectations on price were in line with reality.

Bayer say this latest research has enabled them to gain a clearer picture of the real value of the diabetic market and they calculate it will be worth in the region of £20 million this year.

Mr Dennis Clarke, Sionon product manager, says that £20 million represents an average 63 pence weekly expenditure per capita of the diabetic population, even without taking into account purchases by non-diabetics. "By advertising in the women's Press we aim to realise the full potential of the diabetic food market, as shown by our research," he says. "In particular, the greatest interest is at peak gift-buying times like Christmas, when chocolates, confectionery and drinks are especially popular."

The two latest flavours — red wine liqueur and assorted pineapple, cherry and raspberry — were introduced to take into account the need for attractively packaged seasonal gift items but with the packaging designed so that the lines can be displayed and sold throughout the year. Between September and December, Sionon will be advertised in *Woman, Woman's Own, Woman's Weekly, Woman's Realm, Woman and Home, Living, Family Circle* and *Reader's Digest. Bayer UK Ltd, Burrell Road, Haywards Heath, West Sussex.* ■

FOR THE PAINFUL SHY

Some customers are too shy to talk about haemorrhoids and anal irritation.

The three established ANUSOL presentations – Cream, Ointment and Suppositories – now have new eye-catching packs and are available for self-selection.

Merchandise ANUSOL in your self-selection medicines area to maximise the product's potential.

Good news for the Pharmacy, as well as for the painful shy.

WARNER
part of the Warner-Lambert Group
good products for you and your customers

Active ingredients: Cream: Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur,
Ointment: Bismuth subgallate BP, Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur,
Suppositories: Bismuth subgallate BP, Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur,
William R. Warner & Co.Ltd., Usk Road, Pontypool, Gwent NP4 0YH.
Further information and data sheet available on request.

*Trade mark R81106

Surf City health

Surf City, the natural fitness foods division of English Grains, has launched a multi-mineral and vitamins tablet called Vita-Minerals plus ginseng. Each tablet contains 150mg ginseng and there are 64 tablets to a pack (£2.45).

English Grains have also introduced a counter unit for Red Kooga ginseng in

red, white and black. It holds three bottles of elixir and seven packets of tablets or capsules. *English Grains Ltd, Swains Park, Park Road, Overseal, Burton-on-Trent.* ■

Nailoid re-package nail care collection with additions

Richards & Appleby are re-launching their Nailoid nail care collection, complete with two new products, and introducing a range of nail polishes.

The nail care collection is now in new packaging which is predominantly blue with a butterfly logo. Trade parcels of the whole range, including the new products, are available at an introductory trade price of £59.95 (normally £63.26) and include a free display stand and headboard.

The new products are nail protector (£0.79) and nail dry (£0.85). Nail protector is designed to help strengthen weak and brittle nails by reinforcing the nail surface. Fortified with liquid nylon, the formulation provides a protective coat to the nail plate and seals the nail edges to guard against flaking or splitting. It gives a shine to nails when worn alone and also provides protection against stains.

Nail dry is formulated to dry the surface of wet nail polish in seconds and protect newly painted polish from smudging. Brushed on using light strokes after nail polish, it will also add a shine. It contains conditioning oils to help keep cuticles soft.

The Color Glaze nail polish range includes 20 fashion colours, chosen to complement the new season's fashion trends. Packaging is in square bottles with black caps. The shade names are depicted in silver on the bottle front. Also included in the range are top coat, base coat, colourless and natural polishes (all £0.59). Trade parcels, including nail dry, are available at an introductory price of £58.50 (normally £61.65). *Richards & Appleby Ltd, Gerrard Place, East Gillibrands, Skelmersdale, Lancs WN8 9SU.* ■

Dylon re-design curtain white

Dylon have re-designed the packaging for cold water curtain white. Containing 50ml, as before, the new sachets are packed in a display outer, holding 24 sachets, that carries information about the product. A 500ml bottle (£0.99) to treat twelve average size net curtains, is also now available. *Dylon International Ltd, Worsley Bridge Road, Lower Sydenham, London SE26 5HD.* ■

WISDOM
QUEST
A very individual new toothbrush

Wisdom Quest has been scientifically designed in our dental laboratories as a most effective instrument for mouth hygiene and the removal of plaque.

*Angled brush head with slim neck for easy access to all areas of the mouth.

*Fine round ended nylon filaments are densely filled – cannot harm delicate gum tissue.

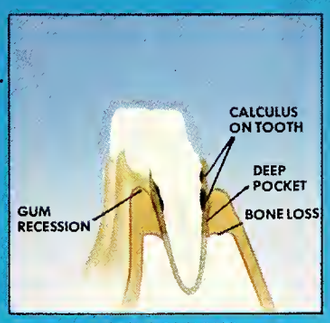
*Diagonal brush pattern provides firm yet gentle brushing surface.

*Concave brush trim is unique, and designed to remove plaque effectively from all tooth surfaces along the gum line where harmful plaque gathers.

*Substantial handle with concave comfort grip for precise control and manoeuvrability.

What is plaque?

"Plaque is hard-to-see sticky film composed mainly of bacteria which forms constantly on the teeth and gums.



SEEKS OUT AND REMOVES PLAQUE-FORMING BACTERIA

It is the body's own bacteria which grows even in the absence of food. If allowed to remain on the teeth it may harden and form a deposit called calculus (tartar).

The gum becomes red and swollen and a pocket forms between the gum and teeth, which fills up with plaque. The fibres which hold the teeth to the bone, and the bone itself are then attacked and the pocket deepens. This is gum disease, which leads to tooth loss."

Reference: British Dental Health Foundation.

by WISDOM
The best-of-British brush.

For further information contact: Addis Ltd., Ethical Division, Ware Road, Hertford, Herts. SG13 7HL.
Toothbrush Manufacturers since 1780.

The first analgesic to cause a headache

The long awaited Pharmacin Capsule has arrived.

And anyone trying to sell an ordinary pain reliever against the many benefits of Pharmacin will find it hard going. If not impossible.

For further details contact Andy Imms at Optrex Limited, City Wall House, Basing View, Basingstoke, Hampshire, Tel (0256) 57272.

The new Pharmacin Capsule.

A pharmacist-developed dispensary system

Colin Moss, a Manchester pharmacist, gives his account of how his interest in computers lead to a partnership in Tri-Moss computer services, who have now installed their first (own) labelling and stock control package of programs in a retail pharmacy in Salford, Manchester.

About 18 months ago, retail pharmacy began to be bombarded with computer technology and jargon — so I looked around for advice. The natural person for me to turn to was my brother who has been engaged full-time in computing for the past 20 years. I was determined to write a system for independent retail outlets to cover labelling and stock control since these two areas seemed to be the most needed and desirable in pharmacies.

It did not take long for me to realise that, given a computer and handbook, a very simple (and very awkward) program can be written to carry out the basic steps of labelling for a few drugs — but quite unable to cope with the quantity and complexity of the hundreds of different drugs in use. It was at this point I joined my brother in Tri-Moss Systems as I realised that the correct professional advice and expertise was going to be needed if programs of the right calibre were to be achieved.

Pharmacists who have never typed their own labels may question the speed of using a typewriter, let alone a computer, to produce labels. My own experience has been that an ordinary typewriter is as fast as writing labels, and a lot neater. Using a computer is just as fast.

When looking at the bewildering array of equipment available, I was concerned to be sure that what was chosen would be well-tried and sufficiently powerful. The types of computer varied from those costing less than £100 to some costing thousands or even tens of thousands. Those at the bottom of the scale were personal rather than business computers. Those in the top range were far more sophisticated and powerful than needed. The Commodore PET was chosen chiefly because it is well proven and the most successful-selling in the required range.

The chosen medium for storing programs and information was floppy disc units, which are available from Commodore and another firm. A theoretical option was the cassette, with cheapness in its favour, but the drawbacks of being very much slower and having limited storage capacity. If a very cheap limited system were required the cassette would be viable.

The printer depended on the combination of speed and quality of print desired. The fastest printer could not provide the same quality as some of the slower ones. Several makes were found to be suitable and these narrowed down basically to a price range of £500 to £2000.

The more expensive printers reach the standard necessary for word processing — a good word-process package can be bought for about £500. Whether the individual pharmacist chooses the top or bottom of the range depends on his individual needs and the depth of his pocket.

Labelling program

The drugs were divided into 63 categories and the labelling program was set up in such a manner that a drug would be called up by keying in its first three letters. Subsequent queries for label instructions would be obtained by just keying in numbers according to the menus. "Menus" is one word of computer jargon which I think is actually helpful to use. It indicates on the screen a list of choices just like a menu in a restaurant. The instructions on these menus are self explanatory, very quick and easy to learn and fail-safe — easily manageable by any member of staff, or a locum, thus giving the proprietor security of mind when he is absent from the pharmacy. The choices on the menus are deliberately set out in a simple fashion enabling people to key in numbers which are set out like a caculator on the keyboard. For example, one keys the figure 4 to get "four times a day" on the label — we decided on the method of having numbers since it is far easier for people to key in.

The date is inserted once only at the beginning of the day; paid or not paid is input and can be totalled daily, weekly or as required; the patient's name and age can be input. (Age is set up in years, months or weeks and can be used or not.) The pharmacy address can be either pre-printed on the labels or printed out each time by the computer. Warnings, such as "for external use only" are automatically printed onto the label whenever lotions, liniments etc are keyed in. In more sophisticated (ie more expensive) printers the warnings can be printed in red. To ensure that the label is exactly as required there is a facility for being able to amend

Continued on p227

Colin Moss (left), with Mel Woods and the Tri-Moss dispensary computer system — this is the first installation to go live

Every year
millions of people
go down with
a
chesty cough

This year
WinPharm
have come up with
an
entirely NEW treatment

NEW!

Franolyn Expect.

Your WinPharm 'counter prescription' for chesty coughs

160 times every month, on average, your professional advice as a pharmacist is sought in the treatment of coughs and colds.[1]
This significant fact, borne out in every recent survey, puts cough and cold remedies "Top of the League" in counter prescribing.[2,3,4]

Until now you've only had half the answer. This year WinPharm have come up with an entirely new treatment for chesty coughs – Franolyn Expect.

New Franolyn Expect has an unique pharmacological profile and, compared with six of the best-selling over-the-counter cough remedies, Franolyn Expect alone fulfills all the criteria required of an ideal cough treatment – including that of *not* causing drowsiness.

Brand	1	2	3	4	5	6	Franolyn Expect.
Reduces mucus viscosity		✓		?		✓	✓
Reduces congestion			✓		✓	✓	✓
Dilates the bronchial tree					✓		✓
Increases air flow					✓		✓
Rapid and long lasting relief							✓
Does **not** cause drowsiness	✓	✓					✓

In addition, WinPharm has devised for Franolyn Expect an entirely new scale of trade margins that compensate you for the time and professional effort you spend in its active recommendation, over and above the usual attractive WinPharm terms.

NEW!

Franolyn Expect.

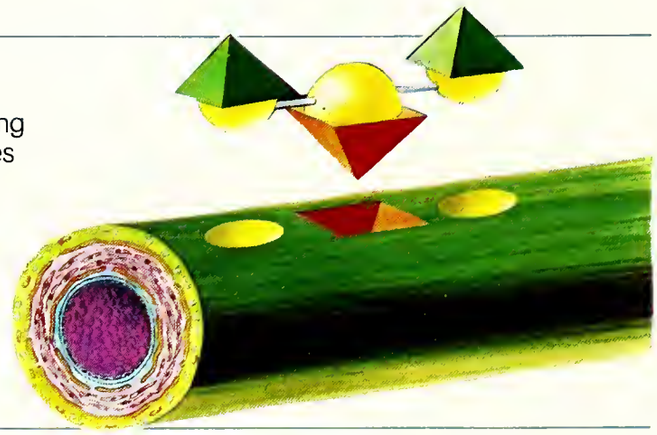
The right scientific pedigree

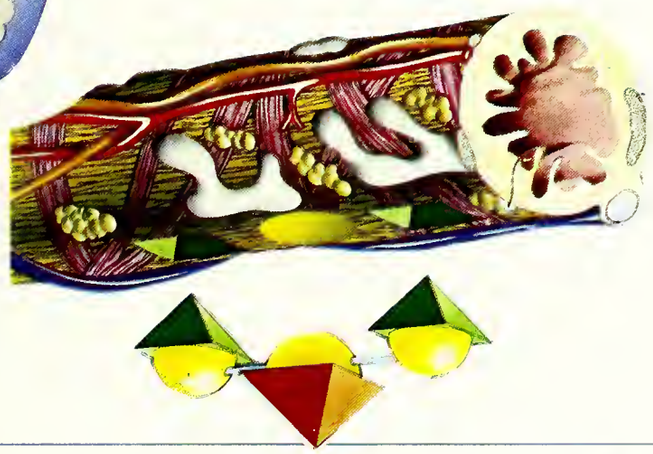
Each 5ml. of Franolyn Expect, contains:
Theophylline BP (Anhydrous) 60mg. Guaiphenesin BPC 25mg. Ephedrine BP 4.75 mg.

It's this unique formulation that makes Franolyn Expect the ideal expectorant for you to 'counter prescribe'.

Franolyn Expect reduces congestion

The ephedrine present in Franolyn Expect, by binding to the alpha receptor sites on blood vessels, reduces the degree of vasodilation in the upper respiratory tract, thus easing inflammation and reducing congestion in the bronchial tree.





Franolyn Expect dilates the bronchial tree

Ephedrine also binds to the beta-receptors on the smooth muscle around the bronchi and bronchioles resulting in muscle relaxation and so achieving bronchodilation.[5] This action is reinforced by the inclusion of theophylline which interferes with the intracellular breakdown of cyclic adenosine monophosphate (AMP) – a key factor in the regulation of muscle contraction.[5,6]

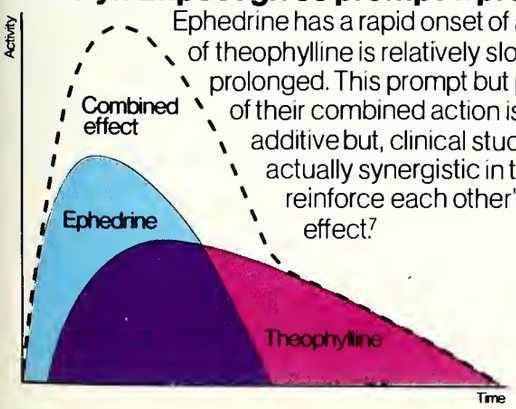
Franolyn Expect reduces mucus viscosity

Franolyn Expect contains the well known expectorant guaiphenesin, which has long been accepted for its ability to increase the output of respiratory tract fluid, consequently improving the flow properties of tenacious bronchial mucus

Franolyn Expect increases air flow

By reducing congestion, dilating the bronchial tree and reducing mucus viscosity, Franolyn Expect achieves the fourth of the ideal criteria for an expectorant – increased air flow.

Franolyn Expect gives prompt & prolonged relief



Ephedrine has a rapid onset of action whilst that of theophylline is relatively slow but more prolonged. This prompt but prolonged relief of their combined action is not merely additive but, clinical studies suggest, actually synergistic in that they reinforce each other's bronchodilatory effect.[7]

Franolyn Expect does not cause drowsiness

Unlike many other over-the-counter cough remedies, Franolyn Expect relieves symptoms without causing drowsiness. This makes it ideal for ensuring that your customers' normal daily routines are not impaired and is particularly valuable in not affecting their concentration or alertness.

References

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NEW! Franolyn Expect.

The right commercial profile

Franolyn Expect now gives you the opportunity to "counter prescribe" an entirely new treatment for your customers.
Like all WinPharm products, Franolyn Expect is:

- **Distributed only to pharmacies**
- **Not advertised to the public**
- **Backed by Winthrop resources**
- **Comprehensive information facilities**

PLUS

- **Entirely new scale of introductory margins.**
  Your first order of Franolyn Expect will bring you a bumper introductory margin which could show you as much as **£34.38 profit on a £37.62 outlay,** equivalent to over 91% on cost or nearly 48% on net sales value, at best terms.

PLUS

- **Special backing for local pharmacies**

Special window displays
A highly flexible series of display items, to suit all shapes and sizes of window area, have been designed. These highlight the pharmacist's professional skill and expertise and stimulate the public into asking for advice.

Key sites for poster campaign
WinPharm are reserving specially selected poster sites, carrying a message which will motivate cough sufferers into asking for their local pharmacist's professional advice.

In-store sales aids
To assist in counter prescribing Franolyn Expect, a number of sales-aids are available recommending that your customers should seek your professional advice about chesty coughs.

STOP PRESS

WinPharm have planned, in keeping with pharmacists' professional status, a new incentive that will recognise pharmacists' commitment to the product and recompense them for the professional time and effort spent in actively recommending Franolyn Expect.

See your WinPharm representative for full details

No one but WinPharm can claim to repay so handsomely the time and professional effort you spend in actively "counter prescribing" for chesty coughs.

WinPharm Working with pharmacy for a healthier future

Full information is available from WinPharm, Sterling-Winthrop House, Surbiton-upon-Thames, Surrey, KT6 4PH.

Computers in pharmacy *Continued from p222*

Programming to save the pharmacist's time

any field just before printing.

As I am in the pharmacy business myself (rather than just being an outsider proposing solutions), I was fully aware how little time a pharmacist had for just feeding information into a computer, even if the return were to be great. While the labelling system had to prove itself on its own I was also determined to try to use the information already keyed in as much as possible. An optional portion was set into the labelling program so that by just keying in the quantity prescribed, the amount issued would be noted against the drug in the stock system — the other information of drug name and strength would already be present from the information keyed in to produce a label. The computer processing of this was to take place while producing the label so that the pharmacist could start on another label as soon as possible. This "free" information can be extracted from the computer on a monthly or weekly basis, as required, thus providing a sound basis for re-ordering and efficient stock control, which must inevitably save the pharmacist money.

Stock control

Naturally, a full stock system records the receipts as well as the issue of drugs and the system can do this. Stock control is chiefly ensuring that the right amount is ordered and this is based on past and projected usage. On the computer the basis for this would be the figures produced as an *automatic* offshoot from the labelling system. What the system will then do, without further input of information, is to total up the amount used so far that month — this would automatically become the figure for the previous month and a new month's running total would build up. A usage report shows the amount used the previous month, the amount used the current month, and prints out the percentage change. By projecting forward during the month, trends in doctors' prescribing habits (an increase or decrease in drug usage) can be anticipated.

For total stock control the amount of physical stock can be keyed in. The net amount to order could then be calculated and reports further to the one above can be produced. One analysis would show how many days supply are in stock based on usage. A shortfall report is also available, showing what needs to be ordered. A stock analysis gives full figures of stock, re-order level, surplus, shortfall and usage of both the previous and current months — such information can be provided for all or a selection of drugs. It is also possible to extract all data apertaining to a particular supplier. Once the physical stock is present the system can provide the basis for selective stock-take and a running stock evaluation.

Drug names file

One aspect very often overlooked when installing a system is the amount of effort required to set up the computer file of drug names together with their ancilliary information of strength, pack size etc. Also the menu requirements need to be worked out. After all there seems to be little point in having a system which cannot be used until quite some time after installation. With the package, several hundred common drugs are provided with all their ancilliary details and their menu requirements.

There has been much debate in pharmaceutical circles concerning the subject of coding. A computer system is admirably suited to provide benefits from coding — when producing the re-ordering tabulation, the code can be printed automatically with the quantity. Provision has been made in the system for a code and it is actually present for the several hundred provided automatically with the package.

A system incorporating the facilities outlined above has been already installed in Mr Mel Woods' pharmacy in Salford, Lancs. The system sold to this pharmacy has some additional programming tailored for the specific shop. In general, a total system can be assembled using various pieces of hardware built around different models of the PET, and the overall price can vary from less than £3,000 to about £5,000 depending on the sophistication of facilities and quality of print required. A basic system would consist of: PET, disc unit, printer, and label system. This can be pared down using a smaller disc unit *or* built up with more expensive hardware and a stock control system included. Tri-Moss will show these systems at 7.30pm on September 9 at the Britannia Ringway Motel, Palatini Road, Didsbury, Manchester. ■

HEALTH CENTRE NEWS

■**Kings College Hospital,** London SE5, is seeking outline planning permission for a two storey health clinic at Railton Road, London SE24.

■**Kingston & Richmond AHA** at Teddington, Greater London, is seeking approval to build a two storey health centre at Oakhill Road, Surbiton.

■A contract of £170,000 has been awarded by **Tayside Health Authority** for a single storey health centre at Causeway End, Coupar Angus, Scotland.

■**South Western RHA** has recently awarded a £226,000 contract for building of a health centre at Priory Hospital at Glastonbury Road, Wells, Somerset.

■**Sunderland AHA** is considering the provision of a health centre for six doctors at Ryhope, Tyne & Wear. However, the proposal is only in early stages as yet.

■A contract worth £186,000 has been awarded by **North Tyneside AHA** for the building of a health clinic at Meadow Well, North Shields, and work will take 13 months to complete.

■**Dorset AHA** has plans to build a health centre at Poole, Dorset on a site between Culliford Crescent and Canford Heath Road. The Borough Council has no objections to the proposal.

■Work is to start soon on building a £470,000 health centre at Worlds End, Chelsea for **Kensington, Chelsea and Westminster AHA.** It will take 1½ years to complete.

■**Yorkshire RHA** of Clarendon House, Victoria Avenue, Harrogate is seeking permission from the Wakefield Metropolitan District Council for a health centre at New Street, Ossett, West Yorks.

■**Trent RHA** is to spend £498,592 on a replacement pharmacy at Leicester General Hospital and it should be ready by Autumn next year. Work is also to start on building a £257,300 health centre at Oak Tree Lane, Mansfield, Notts. It is due for completion in August 1982.

■A recently-published book aims to show individuals how to achieve their goals and hence "success and happiness." "On your head" is by pharmacist Mr E. A. Jenson who writes regular articles in *C&D* on pharmacy economics and business management. He says we should try to dismiss emotions from our decisions and aim for a dispassionate judgement of business and non-business matters. The book is his attempt to unite practice and theory and combine them with a working philosophy for daily life.

A positive package for point-of-sale

Data to be captured — ethical or OTC? By micro or mini, stand alone or bureau-linked, IBM or ICL, in-the-hand or at point-of-sale? What data and why? And will the system prove cost-effective and improve the efficiency of my business?

Anthony Paine, managing director of W.K. Westlake Ltd, Oxford , considered these questions and more as he looked at the many options open to a pharmacist wishing to involve a computer directly in the management of his business. He chose Independent Retail Computer System's "Positive" retail management package (*C&D* July 18, p84), but other pharmacists might make a different choice given the same parameters to work from. We look at the rationale behind his choice, the installation of the system and how it is working.

Westlake Chemists Ltd are a five-branch group based on Oxford and have steadily expanded over 20 years. To date each shop has bought independently to preserve autonomy, prevent build-up of stock and cash in a warehouse and more importantly buy at "very competitive prices in small quantities" through their wholesaler — in this case one of the Numark group.

Feasibility study

Mr Paine said the board had twice completed a feasibility study on a direct-buying warehouse system (both before and after wholesaler-discounting commenced) and found that the system would not be cost-effective. "Over the years we have bought with minimal overheads and so have had cash for expansion but have lacked control over purchasing."

He believed that the advent of pharmacy computer systems could give the desired buying and stock control: "I was firmly convinced the value of our stock-in-trade was too high and yet we were losing sales due to stock-outs. We were betwixt and between the individual proprietor-run business, with his own cash tied up on the shelves, and the big multiple controlling its buyers rigidly. I wanted to introduce a package that could move beyond stock control into open-to-buy and able to reduce OTC stock by at least 25 per cent in the first six months.

Mr Paine looked at a variety of computer options — micro, mini, stand-alone, POS terminals, in-house from IBM or ICL but the Positive was the first system that made any sense for him. He says he has seen nothing to change his mind so far: "Updating product files sat in front of a VDU into the small hours is not my idea of fun, although I fully

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Setlers' relief, *express relief*...faster and faster, more and more it's been gaining customers for the brand. So that today Setlers have grown into Britain's second favourite indigestion remedy.

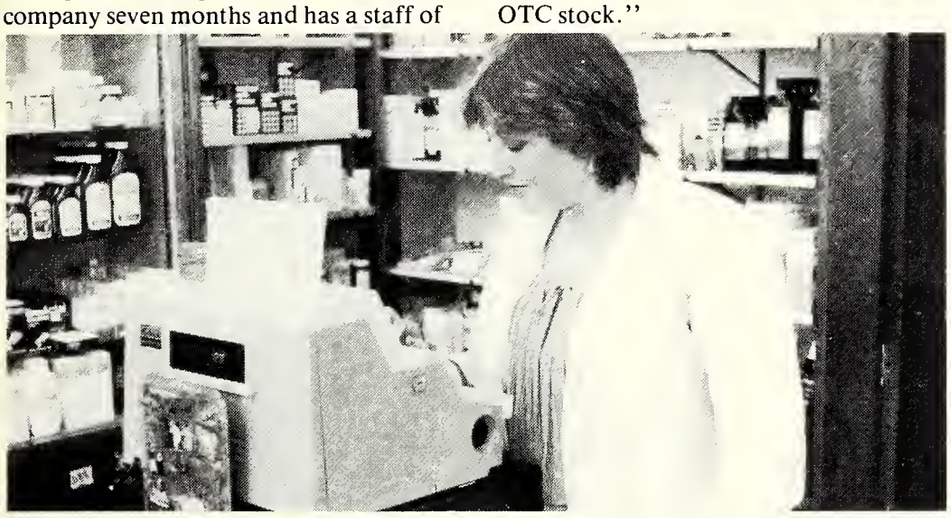
Ahead now lies £500,000 worth of new TV, with new commercials and renewed emphasis on the famous Setlers promise of express relief.

Setlers, the growing brand – a must to stock and display.

Setlers - growing faster and faster.

understand that other people might enjoy this."

The Westlake pharmacy at Summertown, Oxford, has a shop-floor area of about 900 sq ft, and a significant OTC trade, with about half of the linear footage given over to cosmetics and perfumery — a good proportion of this is taken by up-market fragrances. The manager, Mr Morgan, has been with the company seven months and has a staff of four: Julie Kicks, the senior (seven years service), Jayne Gray, Jill Winstone, dispensing assistant and Marion Evans, cosmetician (all two years). "Once the MD had given the go-ahead to IRCS to install their Positive system in our branch the key to the success of that operation was staff enthusiasm," said Mr Morgan. "They crawled up to the top shelves and everywhere when we were encoding the OTC stock."



Jill Winstone enters details of a wholesale delivery through the keyboard of the Norfrond 81 system till

Westlake started to encode stock on January 1, hoping to go "live" on March 1 — they were IRCS guinea pigs — but the original POS till intended for use was withdrawn from the market. The encoding took 2½-3 months during shop hours with no overtime involved. IRCS have since found that most shops can complete the process in 4-6 weeks now that the *C&D* product file has been extended to cover shade variants and some non-traditional lines (IRCS use the *C&D* price list and codes and maintain a customer product file using the *C&D* weekly and monthly price list up-dates).

Initial stock

The two Norfrond 81 POS tills arrived on June 6 and Westlake and IRCS personnel started to take stock of all OTC lines in the shop at noon on that day. Quantities of a particular line and its *C&D* code are entered through the till keyboard — the staff finished work late on the Sunday. It took the equivalent of one man-hour to enter £235 of stock at

Continued overleaf

high-speed gain!
Beechams of St. Helens, England
Settlers
indigestion tablets
BEECHAM HOME MEDICINES
Good news for sales

'It turned out a normal Monday . . .'

Continued from p229

Westlake but a rate of up to £415 per man hour has been achieved elsewhere.

As each item of stock is sold the *C&D* code and price are entered into the till: Jayne Gray confessed to being "scared stiff" on the first day but says that it just turned out to be a normal Monday.

Mr Paine said that his one reservation about the system was possible hold-ups at the till in a busy period. The staff had not found this to be a problem, although the pharmacy did have two tills on the counter — no hold-ups were observed when *C&D* visited the branch. In fact customers were reported to be initially curious, then impressed, when the significance of the six digit code and its applications were explained.

Goods inward

Jayne and Jill explained the process for dealing with goods inward: "First of all we mark the *C&D* code for each product on the delivery note and then check off the stock against it. The stock is then coded and priced using our Meto-gun and put onto the shelves.

"When it's quieter we enter the value of the goods received and the product codes through the till — one of us usually 'calls out' and the other one uses the till." Jayne said that although you could stop in the middle of a delivery note to serve a customer, in practice, because they had two tills, this was seldom necessary.

Standard OTC and toiletries are ordered on a weekly PLOF from Macarthys. The till records sales and purchases on a magnetic tape and Westlake send this off to an Allen computer bureau in London by post on a Saturday morning (telephone transmission will soon replace the post). The stock replenishment report is returned on the following Tuesday and used to complete the PLOF, which is usually sent off to the wholesaler on Wednesday. The goods are delivered on the Friday — an average order of 65 lines took the girls most of Friday to handle at first but after six weeks now takes much less time and is accepted as routine.

Stock replacement halved

Mr Paine has had the computer programmed to replace stock at the rate of 50 per cent of sales. It takes four weeks for the computer to assimilate enough data to generate meaningful replenishment reports. And now, after a further three weeks of use, Mr Paine is keen to receive a period-end report.

Intermediate reports have highlighted that 135 weeks cover of cosmetic stock is held, 58 of household products, 164 of mens-grooming and 100 of agency perfumes. "We perhaps expected to be overstocked on perfumery but have been amazed at how much excess stock there appears to be in the front-shop shelf stock." Line by line reports can be requested if particular products groups are shown to be overstocked — say any lines with 25 weeks or more cover but at a cost of an extra £8 per 1,000 lines.

Mr Morgan has found that running the system requires a disciplined ordering of stock, whatever the source. Representatives are asked for the value of the order placed, especially if it is any sort of special offer. "We can now see how 'special' many of these offers are," says Mr Morgan. Apparently only the best get through and details are kept in the diary and the order value usually entered into the till immediately — any out of stocks or price changes can be entered on receipt of goods. "One-off" purchases are entered into an appropriate dump-code, and the special price logged at POS later. The gross profit for this category will be shown on a report. Sundries are not classified specifically by brand but generically, eg sponge bags into price-ranges and sunglasses into frame and lens types. In this way different brands can be purchased and an overall performance logged.

An assistant makes a sale entering C&D code and article price

Habits adjusted

The stock replenishment reports required that staff adjust their buying habits and largely do away with "gut feeling". Initially the girls were asked to fill in the Macarthy PLOF in the usual way and then to compare their figures with those suggested on the stock replenishment report. A compromise was usually reached and the benefits of the computer reference soon appreciated.

Mr Morgan likes the system because it seems to be so flexible and nothing is too much trouble for IRCS. Mr Paine likes it because it comes "off-the-peg" and can be introduced to each branch as time and finance allow.

"When we see results we will introduce it into the other four branches as fast as finance and staff training allow. I am very keen to introduce some form of central purchasing using the IRCS system." Mr Paine says he does not intend to become overstretched financially: "Just to progress as fast as is sensible down a very new road." Colin Bell, managing director of IRCS, told *C&D* that he currently had between 20 and 50 people in line to look at the Positive system representing several hundred pharmacies. He can be contacted on 0590 22533. ■

Another satisfied customer for Westlake pharmacy at Summertown, Oxford

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THE CHEMIST SE

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3 HIGH CASH MARGINS.

Here are some examples taken from the March/April 1981 Nielsen Drug Index to show that by selling L'Oréal prestigious and profitable products you are putting more cash in your till (cash margins net of VAT).

	CASH MARGIN	MARKET AVERAGE
Recital	40p	21p
Elnett Hairspray	33p	14p
Elsève Shampoo	18p	10p
Elsève Conditioner	20p	12p

4 A REASSURING CHEMIST BASED DISTRIBUTION POLICY.

The quality and image of L'Oréal products are marketed to their best advantage in the professional atmosphere of the chemist. As a result, our distribution is strongly biased towards the chemist and, in contrast to most mass-market companies, this policy excludes Grocery outlets. By supporting L'Oréal, you will be defending and developing your market share.

5 POWERFUL AND PERSUASIVE ADVERTISING PROGRAMME.

Throughout this year we will be running powerful advertising campaigns on TV and in the press.

RVICE SCHEME.

6 A STRONG PROMOTIONAL PROGRAMME.

Our heavyweight promotional programme is specifically designed for chemists' requirements. We have a new promotional package at least every 8 weeks, backed by high quality point-of-sale material and product range promotions for both the trade and the consumer.

Low lay-down costs and flat price promotions mean every chemist can benefit and still be competitive.

7 REGULAR SERVICE, REGULAR CALLAGE.

Our representatives will be calling regularly to ensure that your stock levels are maintained at economic levels and to advise you of any forthcoming advertising, new product information, our current promotional programme, up-to-date market information and staff motivation schemes.

8 THE UNIQUE, UNREPEATABLE OFFER.

Ask your L'Oréal sales representatives for details of this unique offer.

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Which isn't a great surprise.

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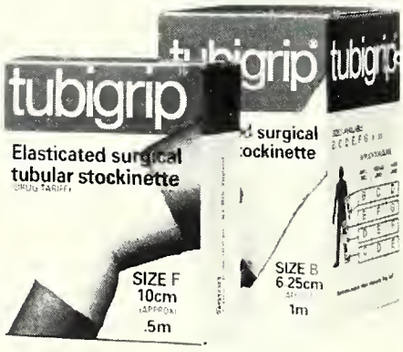

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LETTERS

Continued from p212

Pick-pocketing

I was pleased to see a letter from a dispensing doctor, Dr J. McA. Williams in *C&D*. I fully agree that inflammatory bickering will lead nowhere. However, I do believe that something dramatic was needed to get the RPA launched, but that now this has been achieved, co-operation, if possible, would be better than belligerence. However, there are a number of points in Dr Williams' letter which I would like to question, and hopefully he will be able to reply.

On the question of drug testing, just because someone is qualified professionally, it does not make them spotless. Most pharmacists will accept with regret that there are black sheep in the family and will put up with testing, knowing that errors, accidental or deliberate, do occur. Are the whole medical profession whiter than white?

The reason that patients do not complain about doctors dispensing could well be in many cases that they believe there is no alternative, as they have not had their options fully explained. I suggest that things might well be different if all the facts were public knowledge.

On the topic that dispensing doctors and pharmacists have co-existed for many years, I would agree. However, time was, I believe, when doctors were capable of making mixtures, pills, ointments etc and did so. However, a young GP friend told me that the amount of time allocated to dispensing in their course was only a few hours and that was all a bit of a laugh anyhow. This is quite obvious since all mixtures and ointments find their way into pharmacies.

Furthermore, how many doctors dispense any of their own prescriptions except perhaps at weekends? The bulk of them are dispensed by unqualified assistants with no supervision. It is not uncommon for a prescription to arrive for a common item which the prescriber has for some reason ordered by its generic name, and because the doctor was not present at the time the assistant was trying to dispense it, the prescription is sent out.

The real point behind this is that everybody is entitled to expect reasonable remuneration for doing the job for which they are trained. Dr Williams, myself and all our colleagues are motivated by the same basic instincts to provide the best standard of living we can for ourselves and our familes. The fact that we are in business to aid the sick is nearly irrelevant. Ambition is a fine thing, but greed is a sin and it is a brave man who is prepared to draw a line between the two, therefore we must have arbitrators.

Dr Williams and his colleagues have been trained at some cost to the nation to diagnose and prescribe for the sick. I and my colleagues have been likewise trained to produce, store and supply drugs and medicines to the doctors' patients.

Please Dr Williams, stick to the job at which you are the acknowledged expert. You are justifiably proud of your negotiators. and if you consider you are underpaid, get them to ask for a higher rural weighting. If this fails, get your urban colleagues to subsidise you. But please keep your hands out of my pocket.

Roger King
Hedon, Hull

Rural robbery

Permit me, as a member of the RPA, to reply to Dr J. McA. Williams' letter.

I live in Derbyshire, not far from Dr Williams, and although I have no personal quarrel with him, I find it surprising that he states dispensing doctors do not deprive rural pharmacists of their living.

Dr Williams should know better than that. There have in recent years been a number of instances in Derbyshire alone where general medical practitioners have been found to be dispensing for patients who are not on their dispensing lists, and I know of a case where a collection and delivery service has been taken away from pharmacy by a dispensing doctor.

Regarding his statement that there have been no complaints by patients against dispensing doctors, with respect, the average patient cannot know whether a prescription has been correctly dispensed. The Drug Testing Scheme (which I welcome) ensures a high standard of pharmacy dispensing. The doctor's knowledge of pharmacy is somewhat limited. Why should the amateur not be tested when the professional is?

I should be interested to know in what proportion of cases the doctor personally dispenses to his patients and in what proportion dispensing is done by an assistant when he is out of the room.

Finally, a minor point which highlights the different standards applied by the DHSS between pharmacy and doctor dispensing. It was confirmed in Parliament last week that proportionately fewer levies are collected by dispensing doctors. Could the reason be that the dispensing doctor is not required to account for prescription cash collected in the same way as pharmacists?

Not sour grapes Dr Williams, bitter lemons.

David W. Hoyle
Tideswell

Special meeting?

We feel that we must protest at the handling by the Pharmaceutical Society of the matter regarding the new registration certificate. Apparently, members of Council have chosen to ignore numerous protests from the membership.

Having discussed the matter in detail with our contemporaries, we are now certain that the Society has succeeded in offending its incoming membership, whose interests it should surely be serving!

It is unfortunate that the only course remaining open to us is the calling of an extraordinary meeting of the Society, and this we propose to do. The statute requires that a minimum of 30 letters from members demanding such a meeting must reach Council.

Thus, we would request all like-

Continued on p236

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The name speaks volumes.

Letters

Continued from p236

minded pharmacists to join us in our attempt to reverse this unjust decision by writing to the Council, care of the following address, so that we can forward all the letters together:— 242 Grasmere Avenue, Wembley, Middlesex HA9 8TW.
☐ *The above letter is signed by eight pharmacists and six graduates — Editor.*

Horrific

Reading Mr Worby's article in *C&D* (July 25) I was horrified to learn that the PSNC negotiators and officers allowed themselves to be forced by the DHSS into the position of submitting new discount tables within two days — horrified not only by the short amount of time made available but even more so by the apparent disclosure of Mr Worby that these tables, far from being compiled by the DHSS, were in fact compiled by the PSNC officers themselves.

Had these tables been mandatorily imposed by the DHSS then the PSNC officers would, I feel, have had the support of the large majority of LPCs in fighting them; but to realise that they themselves have forced these new inequitable tables upon us is inexcusable.

I have already pointed out in a previous letter and article that the discount scale is still unworkable and does nothing to remove the "big dipper" of the original scale (in fact it makes it worse) and part of Mr Worby's letter would appear to reveal his recognition of this. In addition it will be recalled by contractors that at a meeting held between PSNC representatives and Dr Vaughan on June 8 the Minister proposed a witholding of £10m to cover discounts on an interim period from October 1980 to May 31, 1981, until the real figure owed to the DHSS by contractors was revealed by a discount inquiry (remembering that for three months of this period wholesalers raised the price of many proprietary medicines by notional pricing).

On July 2 at a "special meeting" of PSNC it was agreed that £15m should be withheld. No mention was made in the Press as to how the PSNC negotiators had agreed to this 50 per cent increase in discount in such a short period of time and without apparent referral to PSNC members, and indeed no mention of the fact that Mr Smith (the chief executive of the PSNC) in the *PJ* of June 20 had stated that the PSNC would not accept any increase whatsoever in the discount rate until the results of the discount inquiry were known.

Accountability by the PSNC is what we want and need and something for which we all, evidently, must press.

Alan Spivack
Member Camden & Islington LPC
London N1

BUSINESS NEWS

Sangers losses continued but about-turn in sight

Sangers are still making a loss, as they have been since the latter half of last year, but signs of the predicted upturn are now beginning to show.

In a supplementary statement made at the group's annual meeting, Mr G.H. Robinson, chairman, said that the specific change was an increase in market share for the pharmaceutical wholesaling division. Most importantly, that division has now about-turned from a significant monthly trading loss to a near break-even position in June. This was still described as unsatisfactory, and the overall problem areas remained mainland pharmaceutical distribution and optics: "We are striving extremely hard to resolve them."

Disenfranchisement

More interest surrounded the company's shares last week, with the announcement that they were to disenfranchise a shareholder for non-disclosure of identity, but this action became redundant on Tuesday as the mystery party telexed the company with the news that the holding of less than five per cent had been sold.

Under the section 27 of the 1976 Companies Act — Sangers last year amended their articles to comply with this section — any shareholders who fail to identify themselves after 42 days may be disenfranchised, although the Department of Trade says such action has yet to be tested in the courts. The shares were held through London Wall Nominees, but the beneficial owners were traced to a European company based in Geneva who had not been declared. Another 42 days can now elapse before the new owners of the shares must be revealed.

☐ No further activity has ocurred concerning financier, Tom Whyte, following the disclosure of his recently aquired major stake in the company (*C&D,* last week, p. 196). There has still been no contact between Sangers and Mr Whyte, but it is reported that he will be visiting the UK in the near future. ■

Warning follows good year for Macarthys

Macarthys have warned that despite promising sales in all areas since the start of the year, competition in pharmaceutical wholesaling has forced them into a discount structure "which is having a significant effect on the profitability of that division."

This statement follows the announcement of an excellent year's trading in distribution, with pre-tax profits up to £3.7 million against £2.4m, on sales of £143.3m (£114.1m) — despite a small reduction in gross margin affecting profitability during the second half.

Overall improvement

Overall the company improved during the second half, to bring pre-tax profits for the full year to £4.6m from £3.1m on a turnover up substantially to £183.6m (£148.8m).

A depressed home market lowered profitability in the veterinary side of business, but all other sectors performed well. Pharmaceutical manufacturing turned in particularly improved margins at £322,000 pre-tax, (£48,000) on sales of £4.1m (£3.3m). Surgical profits were £662,000 (£555,000) on £14.7m worth of sales, and retailing realised £698,000 (£531,000) on sales of £20.2m (£16.7m). Veterinary profits fell to £339,000 (£393,000) on a turnover up to £12.8m (£10.5m). ■

...and Barclays up profit as sales fall

Barclays have moved from a loss making position to one of slight profit for the year end May 2 — clearing £17,000 in pre-tax earnings against the £585,000 loss year — despite a fall in sales from £93.2 million to £73.1m.

The about turn is credited to the rationalisation process which took place last year, when depots were cut from 27 to 12, but profits are still regarded as marginal and a "careful eye" is being kept on the situation.

The picture for the whole Dixons group shows a different situation, with profits down slightly at £10.78m (£10.92m) on sales up from £219.1m to £230.8m. ■

Fate of DITB remains uncertain

The Manpower Services Commission has been unable to come to any firm conclusions about training arrangements for the distributive sector.

But, in a report published last week, the MSC recommends that the major employers' organisations should be invited to put forward their proposals for organising training on a voluntary basis, the argument being that the Distributive Industry Training Board has been ineffective and should be dismantled. Large firms are able to provide their own training while the smaller firms would rely on support from trade associations and colleges, the report suggests.

The DITB and interested parties should also be invited to comment on other options, which are: to keep the present Board but change into exemption and grant policies, including a raising of the exclusion level; to retain the board as a training consultancy, eventually becoming a self-sustaining agency financed by a statutory levy of probably less than 0.2 per cent of emoluments; or to keep a statutory board exclusively to train young people.

The Retail Consortium is "delighted" that the report did not recommend the DITB should continue in its present form. Mr Bob Lloyd-Jones, director general, says: "We wish to have an immediate abolition of the board which, after providing for some companies initial encouragement, has outlived its usefulness. Its financial reserves, after covering the costs of winding up, should then be returned to the retail industry which is resolved to continue its successful investment in training."

The DITB has commented that the MSC's report is "well-balanced" and that the Board will co-operate in discussions on workable arrangements. Mr James Prior, Secretary for Employment, has asked for views on the report during September. *"A framework for the future: A sector by sector review of industrial and commercial training" (Manpower Services Commission, 166 High Holborn, London WC1V 6PF).* ■

☐The Employment and Training Bill, which allows the Secretary for Employment to change the scope of, or abolish a training board, has received Royal Assent. A number of changes were made to the Bill during its passage through Parliament, including a proviso limiting the amount of non-exemptible pay levy that a board may impose, without their being either a concensus of employers in favour, or an affirmative resolution of both Houses of Parliament, to 0.2 per cent of an employer's pay bill. ■

Sixty employees from Unichem's Newcastle branch raised nearly £1,000 for charity in a sponsored 10 mile walk, in response to a local appeal to raise £1m for a whole body scanner for the North-East

New pharmaceutical marketing agency

David Ward-Best, founder of Branded Goods Wholesale (Stoke-on-Trent) Ltd, and Mr David Solomon, MPS, have formed a new company, David Anthony Pharmaceuticals Ltd, to provide a specialised marketing and distribution service in pharmacy.

Mr Ward-Best pioneered low-cost distribution services through Branded Goods, but sold the business in 1978 to Dixons Photographic. His equal co-director in the new venture, Mr Solomon, has 20 years experience in retail and wholesale pharmacy.

The company's first long-term contract is the marketing of the already successful Sudocrem antiseptic healing cream in Great Britain (Northern Ireland is excluded).

Sudocrem was launched in the North-west in 1976 and went national last year, sold only through pharmacies. Consumer support comes from sampling through clinic representatives and in the Bounty pack supplied to expectant mothers. David Anthony Pharmaceuticals see as their immediate priority securing wide distribution through pharmacies since they claim extremely favourable consumer reaction indicates a growing demand, not always fulfilled at retail level. ■

Confidence restored at Beecham

Last year, Beecham were speculative about the growth potential of the company, but any doubt has now been dispelled following the record profits of £150.6m achieved last year (*C&D,* June 13, p1147).

At the annual meeting last week, Sir Graham Wilkins, chairman, based this confidence on a number of factors, not least flexibility and the ability to innovate and the commitment of employees.

He particularly drew attention to the recovery in pharmaceutical sales and profits which, "since it owed nothing to major acquisitions and very little to new product launches, illustrated the inherent resilience of this business." And he believed that with Augmentin entering the market in the current year and a number of other products in the pipeline, "the outlook for this part of the Group's activities is very bright." ■

Good year at Hills

The pharmaceutical supplies division of AAH Ltd — Hills Pharmaceuticals Ltd and Hill-Smith (Warrington) Ltd — has reported a very favourable year with trading profits rising 120 per cent to £1.89 million on sales up 51 per cent to £45m.

The company says the wisdom of its policies of not indulging in "extremes of excessive discounting and the short lived adoption . . . of so called notional pricing" is reflected in these results.

The group overall increased pre-tax profits by 6.8 per cent to £9.7m on a turnover up 7 per cent to £360m. ■

ICI improvement

Profits of ICI in the second quarter have shown an improvement over the previous quarter. This was partly due to seasonal factors, but also to currency movements and some improvement in trading conditions. There are indications that the severe customer de-stocking, which was a feature of the second half of 1980, may have ended, but the company says there is still no sign of a general recovery, and price levels remain unsatisfactory.

Second quarter pre-tax profits rose to £83 million from £52m for the previous three months, leaving the first half figure at £135m against £274m for the same period last year.

Group sales in the second quarter, at £1,603 million were £107m above those achieved in the first quarter 1981 and for the six months were £3,099m against £2,975m last year. ■

Japanese threat to European drug industry

Two reports issued this week by the Office of Health Economics indicate the potential threat to the European pharmaceutical industry from Japanese competition in the 1980s.

The first is by the European Federation of Pharmaceutical Industry Associations which, in looking at international patterns of trade in pharmaceuticals, points to the strong positive balance of trade in Europe and the US, and contrasts this with the present negative balance in Japan. However, it is suggested that it is unlikely that "a country as industrially advanced as Japan, and as dependent on foreign oil and other raw materials will not try to redress its present negative balance of trade in pharmaceuticals within the current decade, as it has done with goods such as motor vehicles and electronics in the past two decades".

This conclusion is underlined in a new international price comparison undertaken by Dr Duncan Reekie of the Department of Business Studies at Edinburgh University. This Report indicates that in 1980 pharmaceutical prices in Japan were approximately double those in either Europe or the United States. ■

S&N concentrate activities in Hull

Smith & Nephew are planning to move the marketing and sales administration departments to Hull, the location of the company's manufacturing base. The company says the transfer is designed to bring about closer collaboration between marketing and technical staff, as well as affording an opportunity to offer a "higher degree of service to customers."

The move will be phased over the next two years and further announcements will be made as necessary, but at present all orders and correspondence should be addressed to the company's offices at Welwyn Garden City. S & N will continue to maintain a depot in the south of England for deliveries to customers in that area. ■

SmithKline celebrate anniversary year

1980 marked the 150th year of the SmithKline Corporation and a "highly successful year for its various businesses worldwide". Sales at $1,770m were up 23 per cent and net income $307.9m up 25 per cent over 1979. Research spending of $170m in 1981 is estimated at 25 per cent over 1980. Capital investment programmes are budgetted at $200m an increase of nearly 50 per cent.

Highlights of the annual report in the "ethical" pharmaceutical sector are the progress being made with Ridaura (auranofin) for the treatment of rheumatoid arthritis and the continuing success of Tagamet. ■

Training initiative

Some £400 to £500 million is to be spent on the new training measures announced by the Prime Minister last week. Aimed at reducing unemployment, particularly among the young, the wide ranging plans include a £15 a week Government contribution to employers who take on school leavers under 18.

The Youth Opportunities programme is also to be expanded and moves are being made to encourage early retirement. Full details of the measures are expected shortly and the implementation date should be sometime early next year. ■

APPOINTMENTS

■ **Brent Chemicals International Ltd:** Mr Keith Hutchings has been appointed to the board as financial director.

■ **Nurdin & Peacock Ltd** have appointed Mr Geoff Monk as advertising manager. He has been with the company for over 12 years.

■ **Clairol Appliances:** Mr Don Wightman is appointed UK marketing manager. He joins from Wilkinson Sword where he was brand manager for Foster Grant, Camargue and Charles Jourdan sunglasses.

COMING EVENTS

Advance information

Society for Drug Research, Chelsea College, Manresa Road, London SW3, September 9. Symposium on "Asthma". Fee £10 for non-members. Further information from Mrs J. Young, Secretariat, telephone 01-589 9076.

United Kingdom Clinical Pharmacy Association, Teaching and research centre, Western General Hospital, Edinburgh. Workshop in clinical pharmacy, September 10. Fee £7.50 (UKCPA members), £10 (non-members). Applications from Mr F. Prior, telephone 031-554 4444.

Royal Society of Chemistry, Analytical division, North east region and Association of Public Analysts. County Hall, Aykley Heads, Durham City, September 30, at 12.30 p.m. Joint meeting on "Some practical aspects of cosmetics analysis". Details from Miss P. Hutchinson, telephone 01-734 9971.

ILMAC 81, International exhibition of laboratory chemical engineering, measurement and automation techniques in chemistry. Halls of Swiss Industries Fair, Basle, Switzerland, September 29-October 2.

First international packaging exhibition and exchange of packaging technology, Guangzhou (Canton), China, October 1-6. Further information from Mr J. Legate, Industrial and Trade Fair International Ltd, Radcliffe House, Blenheim Court, Solihull B91 2BG.

Royal Society of Chemistry, National Institute for Biological Standards and Control, Holly Hill, Hampstead NW3, October 7, at 2.15 p.m. Meeting on "Development and control of genetically engineered products for use in human medicine". Details from Dr A. Thomas, telephone 01-435 2232.

MARKET NEWS

Imported chemicals becoming firmer

London, August 4: Although the pound sterling held its value against most of the leading world currencies during the past week the effects of its fall over the previous few months are now being felt on the prices of most imported pharmaceutical chemicals. Additionally, the surplus stocks of some chemicals that had accumulated appear to have come to an end, while in some cases there is now a shortage developing. Russia is not exporting theobromine and Japan seems short of folic acid.

Higher among essential oils were camphor white, cassia, Ceylon citronella, clove leaf, lemongrass, mysore sandalwood and spearmint. Brazilian peppermint again rose steeply making it nearly double the price of the Chinese oil. Petitgrain was likewise firmer following the pattern set in the previous week.

In botanicals, Curacao aloes was available again forward, but jalap was unquoted after a month on the market. Liquorice roots and Copaiba balsam were dearer but lobelia was easier. ■

Pharmaceutical chemicals

Aspirin: Ten-ton lots from £1.20 kg.
Caffeine: BP anhydrous £4.25 kg for 250-kg minimum.
Ephedrine: (Per kg), hydrochloride £15 in 100-kg lots.
Ethisterone: £230 per kg.
Ferric ammonium citrate: One metric-ton lots £1.42 kg.
Ferric citrate: £5 kg in minimum 250-kg lots.
Ferrous fumarate: BP £1.25 kg in 750-kg lots minimum.
Ferrous gluconate: £2,375 per metric ton.
Ferrous sulphate: Dry £550 metric ton.
Folic acid: 100-kg lots from £55 kg.
Saccharin: BP sodium, powder £3.80 kg; crystals £3.40, both for 250-kg lots.
Succinylsulphathiazole: £9.20 kg in 50-kg lots; imported £7.50 (250-kg).
Sulphacetamide sodium: BP £7.25 kg for 50-kg.
Sulphadiazine: BP 68 £4.20 kg in 250-kg lots.
Sulphadimidine: £4.50 kg for imported in ½-ton lots.
Sulphamethizole: £12.85 kg in 250-kg lots.
Sulphanilamide: BPC '68 £2.50 kg in 1-metric ton lots.
Sulphathiazole: BP 1973, £4.50 kg in ½-ton lots.
Tetracycline: Hydrochloride £16 kg; oxytetracycline £14.50 in 250-500 kg lots.

Crude drugs

Aloes: Cape £1,460 metric ton spot; £1,470, cif. Curacao £2,670, cif.
Balsams: (kg) **Canada:** Unchanged at £12.60 on the spot, shipment £12.45 cif. **Copaiba:** No spot; £6.55, cif. **Peru:** £10.75 spot; £11.15 cif. **Tolu:** £6 spot.
Jalap: Unquoted.
Lobelia: European, no spot, £1.39 kg, cif.
Liquorice: Root, no spot; £670 metric ton, cif. Block juice £1,400 metric ton spot.
Menthol: (kg) Brazilian £6.60 spot £7, cif. Chinese £6.10 spot; £5.95, cif.

Essential oils

Camphor: White £1.25 kg spot; £1.10, cif.
Cassia: Chinese £55 kg spot; £58, cif.
Citronella: Ceylon £3.50 kg spot; £3.20, cif. Chinese £3.80 spot; £3.65, cif.
Clove: Indonesian leaf £2 kg spot; £1.96 cif. English distilled bud £47.50 spot.
Lemongrass: Cochin £4.90 spot; £4.50, cif.
Peppermint: (kg) Arvensis — Brazilian £7 spot; £6.60, cif. Chinese £3.85 spot; £3.80, cif. American piperata £11.
Petitgrain: Paraguay £9.50 kg spot, £9.90 cif.
Rosemary: Moroccan £6.80 kg spot; Spanish £7.50.
Sandalwood: Mysore £59 kg spot nominal; £55.25 kg cif. East Indian £49.50 spot.
Spearmint: Chinese no spot; £8.50 kg, cif. American £10.50 spot.

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Business for sale

X1 — NORTH EAST COAST — This privately owned pharmacy on a council estate is highly profitable and requires little capital outlay. The residential accommodation is to be retained by the owner. Business premises and fixtures on lease at £950 per annum plus stock at valuation approx £8,000. Turnover to 31st march 1981 £68,000. High value scripts average 1,100 per month.

X2 — NORTH WALES COASTAL AREA — This freehold property with excellent 3 bedroom living accommodation is situated sufficiently far enough outside of this major holiday resort not to be affected by seasonal trade. This building is small and easily run, thus providing an ideal setting for enjoying outside activities. The property has a large garden and there are excellent views of Snowdonia and surrounding countryside. Property £37,000, stock at valuation approx £10,000, goodwill and fixtures £2,000.

X3 — LINCOLNSHIRE — Good living accommodation is contained in these shop premises in the centre of a busy holiday resort on the Lincolnshire coast. Turnover is running at around £100,000 p.a. with excellent profits. Scripts average 1,550 per month, freehold property £23,000, goodwill, fixtures and fittings £15,000 plus stock at valuation.

X4 — SOUTH EAST LONDON — Drug store. Turnover in 1980 was £106,328 with 25% gross profit. Rented property, busy main road. Easily run by husband and wife, living accommodation also available. Rent £4,820 per annum. Rates £1,600 per annum. Could be converted to pharmacy as doctors within 200 yards. Price asked £32,500 plus stock at valuation £15,000. Price reduced for quick sale.

X5 — DERBYSHIRE — High Peak. This nine-year-old large lock up unit on rent at £950 per annum was purpose built to serve a council estate of 5,000 people. Turnover in 1980 was £84,500 on scripts averaging 1,650 per month. Scope for diversification of counter trade, goodwill, fixtures and fittings £10,000 plus stock at valuation.

X6 — CENTRAL LANCS — Main road pharmacy close to the centre of a characterful town dispensing approximately 1600 scripts per month. Turnover on 31st May 1980 £68,798. Freehold property for sale at £12,000 although a lease will be considered. Stock at valuation approximately £10,000. Offers invited for goodwill and fixtures.

X7 — ANGLESEY — Freehold lock-up premises in pleasant coastal village. Turnover £100,000 p.a. and scripts 1,600 per month. Property, goodwill and fixtures £37,000 plus stock at valuation.

X8 — NORTH WIRRAL — Lock-up council property on low rent, good profits, scripts average 1,200 per month. Turnover £65,000 per annum, goodwill, fixtures and fittings £1,000 plus stock at valuation approximately £8,000.

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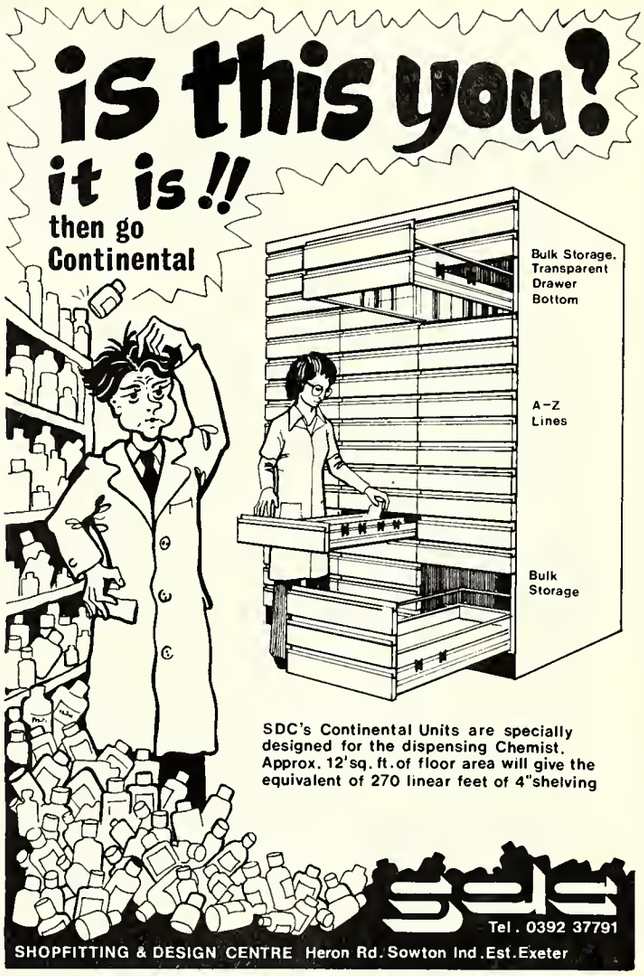

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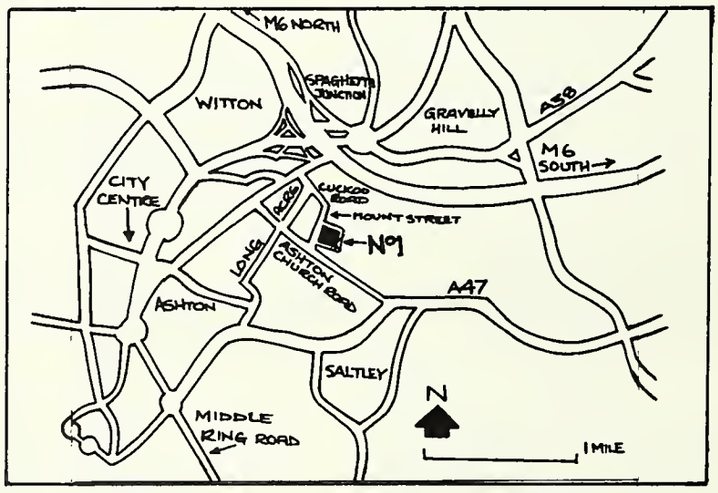

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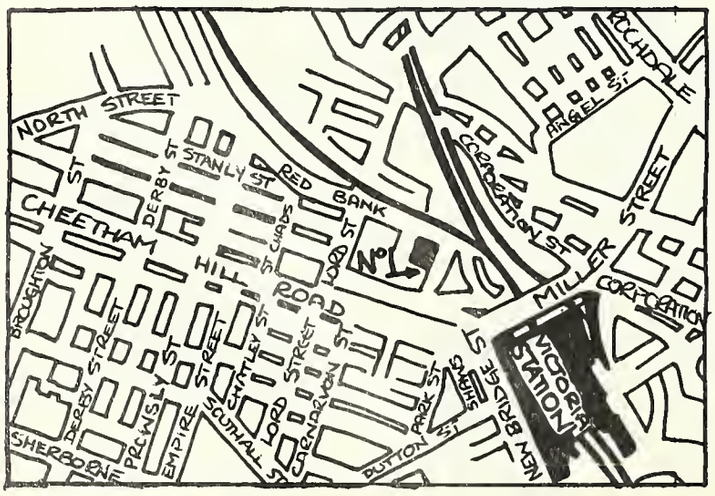

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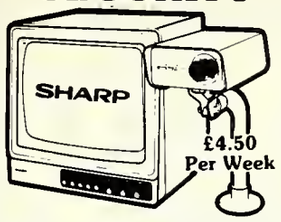

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3. It is otherwise excepted from the Sex Discrimination Act.

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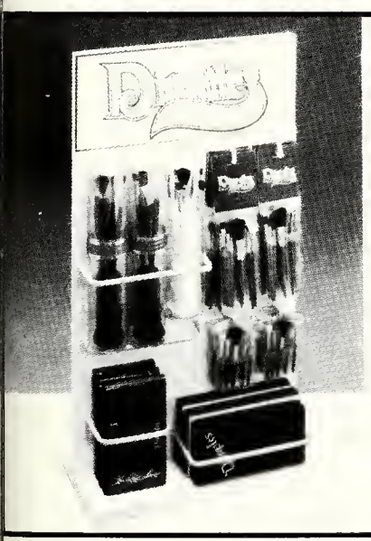

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